

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90066 005 ***158.75

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1. Entity Name
HEIFER PROJECT INTERNATIONAL, INC.



Principal Place of Business
**1015 LOUISIANA STREET
LITTLE ROCK AR 72202-3815**

Mailing Address
**1015 LOUISIANA STREET
LITTLE ROCK AR 72202-3815**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **35-1019477**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MONDORA, STEVE
819 S.W. 2ND AVENUE
CAPE CORAL FL 33991**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **LUCK, JO**
STREET ADDRESS **1015 LOUISIANA ST**
CITY-ST-ZIP **LITTLE ROCK AR 72202**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **HARRISON, KENNETH L**
STREET ADDRESS **1015 LOUISIANA STREET**
CITY-ST-ZIP **LITTLE ROCK AR 72202**

TITLE ☐ Change ☒ Addition
NAME **Interim Treasurer**
STREET ADDRESS **Wright, Tanya**
CITY-ST-ZIP **1015 Louisiana Street**

TITLE **S** ☐ Delete
NAME **DE VRIES, JAMES**
STREET ADDRESS **9502 VANDERBILT DRIVE**
CITY-ST-ZIP **LITTLE ROCK AR**

TITLE ☒ Change ☐ Addition
NAME **1015 Louisiana Street**
STREET ADDRESS **Little Rock, AR 72202**
CITY-ST-ZIP

TITLE **VC** ☐ Delete
NAME **STEWART, CHARLES**
STREET ADDRESS **PO BOX 1471**
CITY-ST-ZIP **LITTLE ROCK AR 72203**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **PETERSON, TOM**
STREET ADDRESS **304 CHARLES STREET**
CITY-ST-ZIP **LITTLE ROCK AR**

TITLE ☒ Change ☐ Addition
NAME **Peterson, Tom**
STREET ADDRESS **1015 Louisiana Street**
CITY-ST-ZIP **Little Rock, AR 72202**

TITLE **C** ☒ Delete
NAME **LANCASTER, MARK**
STREET ADDRESS **11315 NEELSVILLE CHURCH RD**
CITY-ST-ZIP **GERMANTOWN MD 20876-4147**

TITLE ☐ Change ☒ Addition
NAME **Bruce, Tom**
STREET ADDRESS **6 Spyglass Lane**
CITY-ST-ZIP **Little Rock, AR 72212**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Luck

2/3/03

501-907-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)